



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

| | | |
|--|--|--|
| 1. Company/Product Number 95961-1 | 2. EPA Product Manager Lindsay Roe | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Bella Plant Growth Regulator | PM# 22 | |
| 5. Name and Address of Applicant (Include ZIP Code) KIM-Z, Inc. 1300 West Shaw Avenue, Suite 1B Fresno, CA 93711 <input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____ | |

Section - II

| | |
|--|--|
| <input type="checkbox"/> Amendment - Explain below. | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application. |
| <input checked="" type="checkbox"/> Notification - Explain below. | <input type="checkbox"/> Other - Explain below. |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of Alternate Brand Names Section 2 A. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46. and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

| | | | | | |
|---|---|--|--|---|-------------------|
| 1. Material This Product Will Be Packaged In: | | | | 2. Type of Container | |
| Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____ | | |
| * Certification must be submitted | | If "Yes" Unit Packaging wgt. | No. per container | If "Yes" Package wgt. | No. per container |
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(s) Retail Container | | 5. Location of Label Directions <input type="checkbox"/> | |
| 6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled | | <input type="checkbox"/> Other _____ | | | |

Section - IV

| | | | | | |
|--|--|---------------------------------------|--|---|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | | | | |
| Name John F. Wright | | Title Authorized Representative | | Telephone No. (Include Area Code) 609.841.8288 | |
| Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | | | | 6. Date Application Received (Stamped) |
| 2. Signature | | 3. Title Authorized Representative | | | |
| 4. Typed Name John F. Wright | | 5. Date 9/1/21 | | | |